

NAME: LARRY, JESSICA ELEAIN

SSN: 421-21-6399

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

12. I have read and understand the statements above and that these statements are intended to constitute **ALL** promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have **NOT** been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

TYPED NAME AND SSN OF
APPLICANT

SIGNATURE OF APPLICANT

DATE

JESSICA ELEAIN LARRY
421-21-6399



20050422

Guidance counselor:

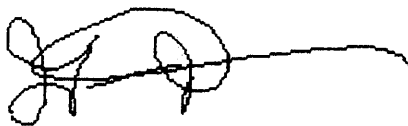
I have reviewed this applicant's records and found (based upon the information provided) him/her qualified for enlistment into the Regular Army. I have made a reservation for the option(s) indicated and for the Regular Army enlistment date indicated. ALL MEPS PROCESSING HAS BEEN COMPLETED EXCEPT EXECUTION OF A DD FORM 4.

TYPED NAME AND GRADE OF
COUNSELOR

SIGNATURE OF GUIDANCE
COUNSELOR

DATE

Mr Gordon S Gallaher



20050422

Exh. ~~II~~ I